

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT

FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Terrance Terrell

Hopson

05-25580

Full Name of Plaintiff

Inmate Number

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NOV 16 2021

Per S DEPUTY CLERK

Name of Defendant 1

Name of Defendant 2

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)

Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)

Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1333, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Hopson, Terrance Terrell

Name (Last, First, MI)

OS-25580

Inmate Number

Lycoming County Prison

Place of Confinement

277 West Third Street

Address

Williamsport PA 17701

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Harr Entz, Harry

Name (Last, First)

Lgt Corrections officer

Current Job Title

277 West Third Street

Current Work Address

Williamsport PA 17701

City, County, State, Zip Code

Defendant 2:

Shelly (Last Name unknown)

Name (Last, First)

nurse Third Shift

Current Job Title

277 west 3rd street

Current Work Address

williamsport PA 17701

City, County, State, Zip Code

Defendant 3:

Defranseco (first Name unknown)

Name (Last, First)

sgt corrections officer

Current Job Title

277 west third street

Current Work Address

williamsport PA 17701

City, County, State, Zip Code

Defendant 4:

Frey (first Name unknown)

Name (Last, First)

corrections officer

Current Job Title

277 west third street

Current Work Address

williamsport PA 17701

City, County, State, Zip Code

Defendant 5:

WINNER (first Name unknown)

Name (Last, First)

corrections officer

Current Job Title

277 west Third street

Current Work Address

williamsport PA 17701

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

Facts written on separate paper enclosed
In envelope

B. On what date did the events giving rise to your claim(s) occur?

10-2-21, 10-10-21 (in writing), 10-18-21, 10-21-21
10-27-21 See Attachment

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

Facts written on separate paper
Enclosed in envelope

III. Statement of facts

A, B, & C

10-2-21 my cell door 54B on J-Block was opened by C.O. Frey for phone calls by mistake. Me being a new inmate I tried to use the phones/last. unaware of the mistake Lgt Entz came up and pushed me twice. I said what are you doing get off of me. He then choked me & I pulled his arm off my neck, he fell due to his full force being pressed on my neck, I waited and was attacked by martin (C.O.) and Ltg Entz from J-Block, to the J Elevator & intake I was choked had my head bunged & right eye bunged, until I got to SHU cell 69. I started to have a medical condition where's as thought Light burns my eyes and I still don't have any medication & I just got to jail yesterday & I need the medication daily to stop the Light from burning. I did not receive medication for a week and a half.

10-10-21 after days of complaining of pain verbally, I finally wrote a medical request to see Doctor. I was not allowed any grievances. 10-14-2021 I moved to G15, After all my injuries from assault had healed without any medical attention. 10-18-21 in gym I was assault by 230 patrol inmate after being chased, pushed, & slapped, co's came after assault and mocked me saying they gave you chance to fight. I refused stiffards. I'm fear of further confrontation by inmates for snitching.

Statement of Facts Pg 2.

Still have scar on ear from assault. I was then placed back in special management unit cell 67 & written up for fighting. Write up stated I ran, CO's watched & I fell, then was assaulted. 10-21-21 I was found guilty of fighting. 10-20-21, The smo was full (67) co's requested me to move with (Sgt DeFrancesco) force and no other inmate. I left due to the light sensitivity and the fact the light never go off. I did not receive any request slips from any CO's (Frey, Martin, Twilker, or Cougher) or grievance forms Accept by other inmates (10-24-21 received grievance). After filling out form waited until 11:45 to give to cold guard after actual mail call on next shift to ensure it goes where it should. 10-27-21.

Returning from gym, I tried to steal toast from hunger, CO's winner & Martin slammed me on G-Puss in front of I block & smushed my face in the wall until I dropped toast.

Later that shower night, the CO's who I can't remember let me and the inmate who assaulted me out of cell to shower at same time, against protocol. After me telling C.O. Grimes, I was written up for another inmate bullying a rapist. 11-3-21, after verbal assault, CO & Martin came inside my cell to fight (G21) on camera I said chill he left.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

8 Admendment, Cruel & unusual punishment,
medical malpractice, failure to intervene, &
Deliberant indifference. Please see attachment
5th & 14th admendment

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

scratches on right eye, left hand & Black eye
with bruise over top of eye, & unknown pain in
Right eye. stitches need for right left ear, from assault
VI. RELIEF twice. Blindness in right eye

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

NO Relief, received grievance from [redacted]
other inmate

IV. Legal Claim

5th 8th & 14th amendment.

Cruel & unusual punishment, failure to intervene
medical malpractice & deliberate indifference

Injury

V. Entz assault, cut on right foot still
visible, cut on left hand, blacks and cut over
eye and constant pain in right eye.

SMU cell light, blind in right eye, constant
pain.

Assault from inmate scar on left ear &
nose & pain in eye (right eye).

All the fear & stress, mental anguish,
punitive damage. Trouble sleeping,
night terrors & fear of officers.

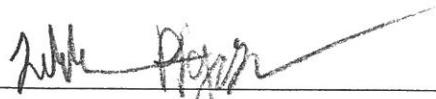
VI. Relief

Name, was not allowed grievance
and believe all acts where retaliation
to 10-2-R1 incident with Entz, have
120 days in hole still have not called
family.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff

11-7-21

Date

Terrence T. HOPSON 05-25580
Lycoming County Prison
277 West Third Street
Williamsport, PA 17761

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NOV 16 2021
JW
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Office of the Clerks
United States District Court
Middle District of Pennsylvania
William J. Neulson Federal BLDG US Courthouse
235 North Washington Ave
P.O. Box 1148
Scranton, PA 18501-1148

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